FORM D

UNITED STATES

UNITED STATES

Washington, D.C. 20549

FORM D

NOTICE OF CATALOGUE COMMISSION

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PRINTED STATES

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Name of Offering (  check if this is an amendment and name has changed, and indicate change.)  XE Select Fund, Ltd.	
Filing Under (Check box(es) that apply):   Rule 504 Rule 505 X Rule 506 Section 4(6)	□ ULOE
Type of Filing: ☐ New Filing X Amendment	
A. BASIC IDENTIFICATION DATA	04048673
Enter the information requested about the issuer	
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.) XE Select Fund, Ltd. (the "Fund")	
	hone Number (Including Area Code) 949-0100
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Telep	hone Number (Including Area Code)
Brief Description of Business	OUESSEU
Investments & N	OV 1 0 2004
	THOMSON
Type of Business Organization	ted company
☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed ☐ X other (please specify): exemption ☐ limited partnership, to be formed	ted company
Month Year	<b>3</b> .
Actual or Estimated Date of Incorporation or Organization: 0 6 0 4 X Actu	al □ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada: FN for other foreign jurisdiction)	FN

# GENERAL INSTRUCTIONS

# Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02) 21745588v2



			DENTIFICATION DATA		
2. Enter the information re	quested for the follo	owing:			
<ul> <li>Each promoter of t</li> </ul>	the issuer, if the issu	er has been organized within	n the past five years;		
<ul> <li>Each beneficial ow</li> </ul>	vner* having the pov	wer to vote or dispose, or dir	ect the vote or disposition of	f, 10% or more of a	class of equity securities of the issuer;
Each executive off	icer and director of	corporate issuers and of corp	porate general and managing	partners of partner	ship issuers; and
Each general and r	nanaging partner of	partnership issuers.			
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	X Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual)				
GTCS Directors Limited	·				
Business or Residence Addres	ss (Number and Stre	et City State Zin Code)			
c/o Genesis Trust Company L			nan Islands		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	X Director	☐ General and/or Managing Partner
Check Don(es) that Apply.	- Tromoter	a beneficial owner	a Executive Officer	A Director	a conoral and or managing rainter
Full Name (Last name first, in	f individual)				
Caton, Stephen	i marvidaai)				
Business or Residence Addres	o Alumbar and Stra	not City State Zin Code)			
c/o BISYS Hedge Fund Service			t, Hamilton HM 11, Bermud	a	
Charle Day(as) that Assalus	December .	V D6-i-10	- Francisco Office	D D:	Company and for Managing Postures
Check Box(es) that Apply:	☐ Promoter	X Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
		·			
Full Name (Last name first, it BNP Paribas Securities Luxen		rihas Arhitrage SNC			
	_				
Business or Residence Addres 787 Seventh Ave - 3rd Floor, I					
787 Seventi Ave - Sta 1 1001, 1					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)			** **=##***	
·	•				
Business or Residence Address	s (Number and Stre	et, City, State, Zip Code)	17001143111.1		
* Participating redeemable sha	res are treated as a s	single class for this purpose.			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

						B. INF	ORMATIC	ON ABOU	Γ OFFERI	NG				
						•								Yes No
1.	Has the	issuer sold	, or does th	e issuer int	end to sell,	to non-accr	edited inve	stors in this	offering?			••••	••••	🗆 X
					Ans	wer also in	Appendix,	Column 2,	if filing un	der ULOE.				
2.	What is	the minim	um investm	ent that wi	II be accept	ed from any	, individual	!?						\$ 1,000,000*
* Th	e Board o	of Directors	s, in its sole	discretion	, may accep	t subscripti	ons in lesse	er amounts :	subject alwa	ays to a mir	nimum aggr	egate subsc	ription of \$	550,000.
														Yes No
3.	Does the	offering r	ermit ioint	ownershin	of a single	unit?						************		Х 🗆
4.			-	-	_							ssion or sin		
<b>.</b> ∓.	solicitati registere	ion of purce d with the	hasers in co SEC and/o	onnection w r with a sta	ith sales of	securities in the securities i	n the offerine of the br	ng. If a persoker or dea	son to be lis	sted is an as	sociated pe	rson or age	nt of a brok	er or dealer ed persons of such a
Full	Name (L	ast name f	irst, if indiv	idual)										
Not a	applicable	<b>e</b> .												
Busi	ness or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip (	Code)							
Nam	e of Asso	ciated Bro	ker or Deal			,		_						
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	[MT]	[NE]	[NV]	[HN]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full 1	Name (La	st name fir	st, if indiv	dual)										
Busir	ness or Re	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)					***		
Name	e of Asso	ciated Brol	cer or Deal	er				_						
State	s in Whic	h Person I	isted Has S	Solicited or	Intends to S	Solicit Purc	hasers	_					···	
														☐ All States
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	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full 1	Name (L	ast name fi	rst, if indiv	idual)				_						
Busir	ness or Re	esidence A	ddress (Nu	mber and S	street, City,	State, Zip (	Code)	_				***************************************		
Name	e of Asso	ciated Brol	er or Deale	er				_	,, <u>-,</u>					· · · · · · · · · · · · · · · · · · ·
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	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT] [RI]	[NE] ISCl	[NV] [SD]	[NH] ITNI	[NJ] ITXI	[NM] IUTI	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt ..... \$0 \$500,000,000\* \$142,000,000 Equity X Common ☐ Preferred Convertible Securities (including warrants)..... Partnership Interests Other (Specify \_ )...... \$0 Total ..... \$500,000,000 \$142,000,000 \* with a parallel fund; the Fund and the parallel fund retain the right to accept total investments in excess of this amount. Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchases Investors \$142,000,000 Accredited Investors 2 Non-accredited Investors Total (for filings under Rule 504 only). Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Type of offering Rule 505 Regulation A..... Rule 504..... Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. X \$0\_\_\_\_ Transfer Agent's Fees X \$0\_ Printing and Engraving Costs X \$250,000 \_\_\_\_ Legal Fees Accounting Fees \_\_\_\_\_ X \$0\_\_\_\_\_ Engineering Fees. X \$0\_\_\_\_\_ Sales Commissions (specify finders' fees separately) X \$0 Other Expenses (identify) X \$0

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Enter the aggregate offering price of securities included in this offering and the total amount already sold.

Total

X \$250,000

D.	response to Part C - Question 4.a. This difference is the "adjusted gro						
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.						
			Payments to Officers, Directors, & Affiliates	Payments To Others			
	Salaries and fees		X \$6,750,000*	□\$			
	Purchase of real estate		□\$	□\$			
	Purchase, rental or leasing and installation of machinery and equ	ipment	□\$	□\$			
	Construction or leasing of plant buildings and facilities		□\$	_ \$			
	Acquisition of other businesses (including the value of securities used in exchange for the assets or securities of another issuer pur		<b>\$</b>	□\$			
	Repayment of indebtedness	<b>\$</b>	□\$				
	Working capital		□ \$ <u> </u>	□ <b>\$</b>			
	Other (specify): Investments		X\$493,000,000	□\$			
			□\$	<b>□</b> \$			
	Column Totals		X\$499,750,000	□\$			
	Total Payments Listed (columns totals added)		\$499,750,000				
	n r	FEDERAL SIGNATURE					
ın ı	issuer has duly caused this notice to be signed by the undersigned du indertaking by the issuer to furnish to the U.S. Securities and Exchange-accredited investor pursuant to paragraph (b)(2) of Rule 502.	ly authorized person. If this notice is filed u					
ssı	er (Print or Type)	Signature 100	Date				
ΧE	Select Fund, Ltd.	J.Y. Mall	No.	vember 5, 2004			
Naı	ne of Signer (Print or Type)	Title of Signer (Print or Type)					
. P	aul Drake	ed, Director of XE Sele	ct Fund, Ltd.				

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

\* Estimate of twelve months' management fee assuming capital commitments in the amount of the Aggregate Offering Price.

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)